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		Application Number	10/809,317	
TRANSMITTAL	_	Filing Date	03/24/2004	
FORM to be used for all correspondence after initial filing)		First Named Inventor	G. Ramanath	
		Art Unit	2813	
		Examiner Name	Rodgers, Colleen E.	
al Number of Pages in This Submission	28	Attorney Docket Number	5002 02-1	

Total Number of	Pages in This Submission	28	Attorney Docket	Number	5002.02-1		
Fee Transmit	ital Form	Drawing Licensin		that apply	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement		Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  Request For Continued Examination (RCE); Check for \$910.00; and Postcard		
Document(s  Response to Incomplete	o Missing Parts/ Application  ly to Missing Parts under  CFR 1.52 or 1.53	Remarks RE OF APPLICA	ANT, ATTORNEY, C	DR AGENT			
Firm Name	PETERS, VERNY, J	ONES, SCHMIT	TT & ASTON, LLP				
Printed name	David J. Aston			Reg. No.			
Date	September 11, 2006	September 11, 2006			28,051		
	CF	RTIFICATE O	F TRANSMISSIO	N/MAII II	NG		
	this correspondence is bei	ng facsimile trans	mitted to the USPTO or	deposited v	with the United States Postal Service with Box 1450, Alexandria,VA 22313-1450 on the		
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Typed or printed na	me Will Dresser	C WILL		Date	September 11, 2006		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Code: 5002.02-1

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\$910.00

Under the Barerwo

es pursuant to the Consolidated Appropria		Complete if Known			
r•		Application Number	10/809,317		
FEE TRANSI	MIIIAL	Filing Date	03/24/2004		
for FY 200	16	First Named Inventor	G. Ramanath		
		Examiner Name	Rodgers, Colleen E.		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2813		
TOTAL AMOUNT OF PAYMENT	(\$) \$910.00	Attorney Docket No.	5002.02-1		
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):					
Deposit Deposit Account Number: 16-1331 Deposit Account Name:					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicate	d below	Charge fee(s)	e fee(s) indicated below, except for the filing fee		
fee(s) under 37 CFR 1		<b>-</b>	•		
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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING I	FILING FEES		SEARCH FEES		ATION FEES	
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$</u> )	Fee (\$)	<u>Fee (\$)</u>	Fees Paid(\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

2. EXCESS CLAIM I	EES				Small Entity
Fee Description				Fee (\$)	Fee (\$)
Each claim over 20 (	including Reissues)			50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent cl	aims			360	180
				<u>Multiple De</u>	pendent Claims
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)

- 20 or HP = Х \$50.00 = \$0.00

HP = highest number of total claims paid for, if greater than 20.

Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims

\_ - 3 or HP = \_\_ \$200.00 = \$0.00 \_\_\_\_ x \_ HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets** / 50 - 100 = \_\_\_ (round up to a whole x <u>\$250.00</u> = \$0.00 Ð Fee Paid (\$) 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \$790 RCE Fee; \$120 Ext of Time Fee

SUBMITTED BY Registration No. Telephone 650-324-1677 28,051 Signature 9/11/2006 Date Name (Print/Type) David J. Aston

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